Prepared By: Reviewed By:							Date Received
							Payer Name
							Payer Address
							Amt
							Deposit Date
							Date Monies To Be Returned if Case Not Identified
	100 100 100 100 100 100 100 100 100 100						Disposition of Payment (Provide case no. detail or payer name and address if payment returned.)

UNIDENTIFIED PAYMENTS LOG

(from/to)